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PTO/SB/05 (11-00)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	EMC2-085PUS
	First Inventor	Christopher S. MacLellan
	Title	Cyclic Redundancy Check (CRC) Parity Check
	Express Mail Label No.	EF030132597US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 58] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 18]	b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper
5. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)b. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
11. <input type="checkbox"/> English Translation Document (if applicable)
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment
14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input checked="" type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Return Post Card; Pt Apl Title Page
17. <input type="checkbox"/> Other:

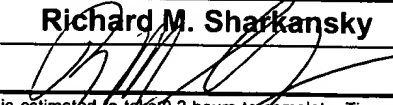
ACCOMPANYING APPLICATION PARTS	
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17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____
Prior application information: Examiner _____			Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 022494 <i>(Insert Customer No. or Attach bar code label here)</i>					
or <input type="checkbox"/> Correspondence address below					
Name		Richard M. Sharkansky			
Address		Daly, Crowley & Mofford, LLP			
City		Canton	State	MA	Zip Code 02021-2310
Country	US	Telephone	781.401.9988 ext. 23	Fax	781-401-9966

Name (Print/Type)	Richard M. Sharkansky	Registration No. (Attorney/Agent)	25,800
Signature		Date	December 21, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT		(\$)	910
Application Number		Not Yet Assigned	
Filing Date		Herewith	
First Named Inventor		Christopher S. MacLellan	
Examiner Name		Not Yet Assigned	
Group Art Unit		Not Yet Assigned	
Attorney Docket No.		EMC2-085PUS	

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 50-0845</p> <p>Deposit Account Name: Daly, Crowley & Mofford, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h3 style="text-align: center; margin: 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4 style="margin: 0;">1. BASIC FILING FEE</h4> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 710</td> <td>201 355</td> <td>Utility filing fee</td> <td style="border: 1px solid black; text-align: center;">710</td> </tr> <tr> <td>106 320</td> <td>206 160</td> <td>Design filing fee</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> <tr> <td>107 490</td> <td>207 245</td> <td>Plant filing fee</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> <tr> <td>108 710</td> <td>208 355</td> <td>Reissue filing fee</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">SUBTOTAL (1) (\$) 710</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4 style="margin: 0;">2. EXTRA CLAIM FEES</h4> <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">7</td> <td>-20** =</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>x</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">7</td> <td>-3** =</td> <td style="border: 1px solid black; text-align: center;">4</td> <td>x</td> <td style="border: 1px solid black; text-align: center;">40</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">160</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </table> <table style="width: 100%; font-size: x-small; margin-top: 5px;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td style="border: 1px solid black; 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margin: 0;">FEE CALCULATION (continued)</h3> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity Code (\$)</th> <th>Small Entity Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105 130</td> <td>205 65</td> <td>Surcharge - late filing fee or oath</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> <tr> <td>127 50</td> <td>227 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> <tr> <td>139 130</td> <td>139 130</td> <td>Non-English specification</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> <tr> <td>147 2,520</td> <td>147 2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td style="border: 1px solid black; text-align: center;"></td> </tr> <tr> <td>112 920*</td> <td>112 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td style="border: 1px solid black; 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Richard M. Sharkansky	Registration No. (Attorney/Agent)	25,800
Signature		Telephone	781.401.9988 ext. 23
		Date	12/21/00

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**REQUEST AND CERTIFICATION
UNDER
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor

Christopher S. MacLellan

Title

Cyclic Redundancy Check (CRC) Parity

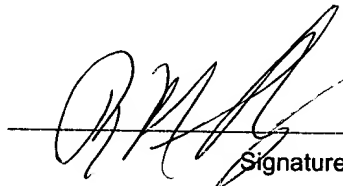
Atty Docket Number

EMC2-085PUS

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

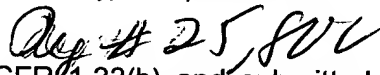
December 21, 2000

Date


Signature

Richard M. Sharkansky

Typed or printed name



This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**